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CONFIRMATION NO. 8458

Bib Data Sheet

SERIAL NUMBER 10/666,863	FILING OR 371(c) DATE 09/17/2003 RULE	CLASS 148	GROUP ART UNIT 1742	ATTORNEY DOCKET NO. 10123/00401
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None - Or*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None - Or*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>By [Signature]</i> Examiner's Signature	Initials			

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## TITLE

Fatigue resistant medical devices

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